

The analysis of this sample was performed in accordance with procedures approved or recognized by the U.S. Environmental Protection Agency.

Chris Boldt

Chris Boldt, Laboratory Manager
Environmental Services Program
Field Services Division

Qualifier Descriptions

- | | |
|---|---|
| 01 Improper collection method | 02 Improper preservation |
| 03 Exceeded holding time | 04 Analyzed by Contract Laboratory |
| 05 Estimated value, detected below PQL | 06 Estimated value, QC data outside limits |
| 07 Estimated value, analyte outside calibration range | 08 Analyte present in blank at > 1/2 reported value |
| 09 Sample was diluted during analysis | 10 Laboratory error |
| 11 Estimated value, matrix interference | 12 Insufficient quantity |
| 13 Estimated value, true result is > reported value | 14 Estimated value, non-homogeneous sample |
| 15 No Result - Failed Quality Controls Requirements | 16 Not analyzed - related analyte not detected |
| 17 Results in dry weight | 18 Sample pH is outside the acceptable range |
| 19 Estimated value | 20 Not analyzed - Instrument failure |
| 21 No result - spectral interference | 22 pH was performed at the Laboratory |
| ND Not detected at reported value | |



Attachment 1B

**United States Environmental Protection Agency
Region 7
901 N. 5th Street
Kansas City, KS 66101**

Date: SEP 17 2009

Subject: Transmittal of Sample Analysis Results for ASR #: 4550

Project ID: 09COWLES60

Project Description: Rockaway Beach WWTP

From: Michael F. Davis, Chief *M St Germain for* *q/stor*
Chemical Analysis and Response Branch, Environmental Services Division

To: Lyle Cowles
ENSV/EMWC

Enclosed are the analytical data for the above-referenced Analytical Services Request (ASR) and Project. The Regional Laboratory has reviewed and verified the results in accordance with procedures described in our Quality Manual (QM). In addition to all of the analytical results, this transmittal contains pertinent information that may have influenced the reported results and documents any deviations from the established requirements of the QM.

Please contact us within 14 days of receipt of this package if you determine there is a need for any changes. Please complete the enclosed Customer Satisfaction Survey and Data Disposition/Sample Release memo for this ASR as soon as possible. The process of disposing of the samples for this ASR will be initiated 30 days from the date of this transmittal unless an alternate release date is specified on the Data Disposition/Sample Release memo.

If you have any questions or concerns relating to this data package, contact our customer service line at 913-551-5295.

Enclosures

cc: Analytical Data File.

ASR Number: 4550

Summary of Project Information

09/17/2009

Project Manager: Lyle Cowles

Org: ENSV/EMWC

Phone: 913-551-7081

Project ID: 09COWLES60

Project Desc: Rockaway Beach WWTP

Location: Rockaway Beach

State: Missouri

Program: Water Enforcement

Purpose: Compliance Monitoring

GPRA PRC: 501E50C

sample WWTP influent and effluent. ASR submitted a little late due to late assignment of facility to EFCB from WENF.

Explanation of Codes, Units and Qualifiers used on this report

Sample QC Codes: QC Codes identify the type of sample for quality control purpose.

Units: Specific units in which results are reported.

___ = Field Sample
FB = Field Blank
FD = Field Duplicate

Deg C = Degrees Celsius
GPD = Gallons per Day
SU = Standard Units (pH)
mg/L = Milligrams per Liter

Data Qualifiers: Specific codes used in conjunction with data values to provide additional information on the quality of reported results, or used to explain the absence of a specific value.

(Blank)= Values have been reviewed and found acceptable for use.

J = The identification of the analyte is acceptable; the reported value is an estimate.

U = The analyte was not detected at or above the reporting limit.

ASR Number: 4550

Sample Information Summary

09/17/2009

Project ID: 09COWLES60 Project Desc: Rockaway Beach WWTP

Sample No	QC Code	Matrix	Location Description	External Sample No	Start Date	Start Time	End Date	End Time	Receipt Date
1 -		Water	influent		08/11/2009	14:16			08/12/2009
2 -		Water	influent		08/10/2009	13:30	08/11/2009	14:12	08/12/2009
3 -		Water	influent		08/12/2009	10:30			08/13/2009
4 -		Water	influent		08/11/2009	14:50	08/12/2009	11:00	08/13/2009
11 -		Water	effluent		08/11/2009	13:55			08/12/2009
12 -		Water	effluent		08/10/2009	11:35	08/11/2009	13:45	08/12/2009
13 -		Water	effluent		08/12/2009	10:30			08/13/2009
13 - FD		Water	Field Duplicate of sample 13		08/12/2009	10:30			08/13/2009
14 -		Water	effluent		08/11/2009	14:55	08/12/2009	11:00	08/13/2009
14 - FB		Water	Blank sample		08/12/2009	10:30			08/13/2009

Analysis Comments About Results For This Analysis

1 Ammonia in Water by Automated Distillation**Lab:** Region 7 EPA Laboratory - Kansas City, Ks.**Method:** EPA Region 7 RLAB Method 3133.1G**Samples:** 11-__ 13-__ 14-FB**Comments:**

Ammonia was J-coded in sample 11. Although the analyte in question has been positively identified in the sample, the quantitation is an estimate (J-coded) due to low recovery of this analyte in the laboratory matrix spike. (49:72) The actual concentration for this analyte may be higher than the reported value.

1 BOD5 in Water by DO Probe**Lab:** Region 7 EPA Laboratory - Kansas City, Ks.**Method:** EPA Region 7 RLAB Method 3153.1D**Samples:** 2-__ 4-__ 12-__ 14-__**Comments:**

BOD5 was J-coded in samples 2, 4, 12, 14. Although the analyte in question has been positively identified in the samples, the quantitation is an estimate (J-coded) due to low recovery of the Glucose-Glutamic Acid in the laboratory control sample. The actual concentration for this analyte may be higher than the reported value.

1 Flow, Gallons per Day**Lab:** (Field Measurement)**Method:** Measurement of field parameter**Samples:** 12-__ 14-__**Comments:**

(N/A)

1 NFS or Nonfilterable Solids**Lab:** Region 7 EPA Laboratory - Kansas City, Ks.**Method:** EPA Region 7 RLAB Method 3142.3D**Samples:** 2-__ 4-__ 12-__ 14-__**Comments:****1 Oil & Grease in Water****Lab:** Region 7 EPA Laboratory - Kansas City, Ks.**Method:** EPA Region 7 RLAB Method 3152.4C**Samples:** 11-__ 13-__ 13-FD**Comments:**

ASR Number: 4550

RLAB Approved Analysis Comments

09/17/2009

Project ID: 09COWLES60 **Project Desc** Rockaway Beach WWTP

Analysis	Comments About Results For This Analysis
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1 pH of Water by Field Measurement

Lab: (Field Measurement)

Method: Measurement of field parameter

Samples: 1-__ 3-__ 11-__ 13-__

Comments:

(N/A)

1 Temperature of Water by Field Measurement

Lab: (Field Measurement)

Method: Measurement of field parameter

Samples: 1-__ 3-__ 11-__ 13-__

Comments:

(N/A)

1 Total Phosphorus in Water, Colorimetric

Lab: Region 7 EPA Laboratory - Kansas City, Ks.

Method: EPA Region 7 RLAB Method 3133.4E

Samples: 11-__ 13-__ 14-FB

Comments:

ASR Number: 4550

RLAB Approved Sample Analysis Results

09/17/2009

Project ID: 09COWLES60

Project Desc: Rockaway Beach WWTP

Analysis/ Analyte	Units	1-__	2-__	3-__	4-__
1 BOD5 in Water by DO Probe BOD5	mg/L		292 J		347 J
1 NFS or Nonfilterable Solids Solids, nonfilterable	mg/L		370		600
1 pH of Water by Field Measurement pH	SU	7.14		7.65	
1 Temperature of Water by Field Measurement Temperature	Deg C	27.0		27.0	

ASR Number: 4550

RLAB Approved Sample Analysis Results

09/17/2009

Project ID: 09COWLES60

Project Desc: Rockaway Beach WWTP

Analysis/ Analyte	Units	11-__	12-__	13-__	13-FD
1 Ammonia in Water by Automated Distillation Ammonia as Nitrogen	mg/L	2.61 J		0.1 U	
1 BOD5 in Water by DO Probe BOD5	mg/L		2.5 J		
1 Flow, Gallons per Day Flow (GPD)	GPD		240,000		
1 NFS or Nonfilterable Solids Solids, nonfilterable	mg/L		4.0 U		
1 Oil & Grease in Water Oil & Grease	mg/L	5.0 U		5.0 U	5.0 U
1 pH of Water by Field Measurement pH	SU	7.26		7.35	
1 Temperature of Water by Field Measurement Temperature	Deg C	28.0		26.6	
1 Total Phosphorus in Water, Colorimetric Phosphorus	mg/L	0.865		1.30	

ASR Number: 4550

RLAB Approved Sample Analysis Results

09/17/2009

Project ID: 09COWLES60

Project Desc: Rockaway Beach WWTP

Analysis/ Analyte	Units	14-__	14-FB
1 Ammonia in Water by Automated Distillation Ammonia as Nitrogen	mg/L		0.1 U
1 BOD5 in Water by DO Probe BOD5	mg/L	2.5 J	
1 Flow, Gallons per Day Flow (GPD)	GPD	237,000	
1 NFS or Nonfilterable Solids Solids, nonfilterable	mg/L	4.0 U	
1 Total Phosphorus in Water, Colorimetric Phosphorus	mg/L		0.100 U

Attachment 17



Jeremiah W. (Jay) Nixon, Governor • Mark N. Templeton, Director

DEPARTMENT OF NATURAL RESOURCES

www.dnr.mo.gov

June 8, 2009

City of Rockaway Beach
Rockaway Beach Wastewater Treatment Facility
P. O. Box 315
Rockaway Beach, MO 65740

RE: NPDES PERMIT NUMBER MO0108162

Dear Permittee:

A review of your Discharge Monitoring Report (DMR) file revealed that the report was not complete when compared to the monitoring requirements specified in your National Pollutant Discharge Elimination System (NPDES) permit. Please be advised that the failure to submit a complete DMR constitutes a violation of the permit--a legally binding document enforced by both state and federal laws.

The following monitoring information is missing from your April 2009 DMR:

AMMONIA AS N

The required information should be submitted to this agency within five days from the date of this letter, or, in writing within 15 calendar days of receipt of this letter, identify the reasons for the violations and corrective actions you have taken or will take.

The Department monitors and tracks instances of noncompliance related to DMR's. All facilities that are significantly noncompliant are reported to the Environmental Protection Agency and the Department then takes action to ensure their return to compliance. It is the policy of this office to require facilities with a history of a significant noncompliance to sign a Schedule of Compliance that outlines corrective measures to be taken within a specified time period. You are encouraged to take appropriate steps to eliminate the current violation.

If you have questions please contact me by calling 417-891-4300 or via mail at Southwest Regional Office, 2040 W. Woodland, Springfield, Missouri 65807-5912.

Sincerely,

SOUTHWEST REGIONAL OFFICE

A handwritten signature in cursive script that reads "Lana Cypret".

Lana Cypret
Technical Assistant

LGC/bjc

Enclosure

213.wpcp.RockawayBeachCityOf.mo01081612.x.2009.06.08.fy09.dmr.x.lgc.doc



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOUTHWEST REGIONAL OFFICE

Parameter(s) indicated below (was/were) missing from the **April 2009** discharge monitoring report for facility **Rockaway Beach Wastewater Treatment Facility** in Taney County, permit number **MO0108162**.

Missing Parameter
AMMONIA AS N

Results AB
0.1 mg/L

OTHER _____

OPERATOR: Allen Bush SAMPLE DATE: 4/30/09 SAMPLE TIME: Composite
LAB: PDC ANALYSES DATE: 5/05/09 METHOD USED: Distilled

Please **complete and return** this form with the missing information and **original signature** to the address below. DO NOT FAX. If you have any questions contact Lana Cypret at 417-891-4300.

Department of Natural Resources
Southwest Regional Office
2040 West Woodland
Springfield, MO 65807-5912

SIGNATURE: [Signature] DATE: 6-9/09

MO/SWRO
9/27/2007

Attachment 19, NOPV Response

City of Rockaway Beach
Rockaway Beach, Missouri 65740

Water/Sewer Dept.
P.O. Box 315
Rockaway Beach, MO 65740
rockawaycity@suddenlinkmail.com

Office of the City Clerk
P.O. Box 315
Phone (417) 561-4424
Fax (417) 561-6025

August 24, 2009

Lyle Cowles
Environmental Scientist
Environmental Service Division
801 North 5th Street
Kansas City, KS 66101

Dear Mr. Cowles:

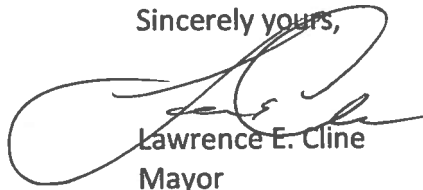
Please find enclosed a report submitted by our Regional Sewer Plant Operator, Allen Bush.

This report addresses some of the issues that were discussed at your visit earlier this month. We hope this response will help clarify your questions and concerns. We are in the process of acquiring a writer for our Regional Plant Operating Manual and we are hoping this manual will be forthcoming.

As stated by Allen in his report, the City has establish a check system between the City's in-city Sewer operator, the two villages now participating in the Regional Plant and the Regional Plant operator on the I and I Reports.

If you have any questions concerning this report, please do not hesitate to let us know.

Sincerely yours,



Lawrence E. Cline
Mayor

To: Mayor and Board of Alderpersons

Date August 17, 2009

From: Wastewater Plant

Re: NOV notice EPA

The inspector from EPA said that we have come a long way since the last inspection. However we do need to tighten up areas on paper work for the plant. I have talked with other plant operators and will be gathering some of the paper work that they use, and include that in the packet that I turn in to be mailed off to other agencies.

In answer to the NOV sections.

#1. I and I reports. The reports show what has been done to find and fix leaks in the collection system for wastewater. The report is tied to the plant permit. I as the operator do not maintain the collection systems, but I do need to have the form to send in with the packets every six month. As a suggestion, the city of Rockaway Beach include Merriam Woods and Bull Creek. Rockaway treats the wastewater from the other two villages and also they should be turning in I and I reports to dnr on their collection systems. I feel we need to be generating the report in September and October to be included in the packet that we send out to the respective agencies. I and I will show if wastewater is getting out and ground water is getting in the collection system along with grit and gravel.

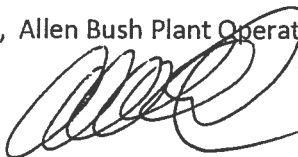
2. High phosphorus in july of 2008

At that time we had floods around the plant and high volumes of water coming to the plant. I operate the plant as long as it can before the volume of water makes us shut down. Due to the configuration of the piping under ground and pumping of water and sludge. It backs the sludge into the sand filters and we have to shut the filters down and bypass as well as shut the blowers down and motive pumps and have sludge to clean and remove from the sand filters and the under slab effluent water holding area for back wash pumps. Shut off the return sludge from clarifier. We wash all the chemical in the system out and takes time to get that back in working order. When start up commences again. It will take time to get the system back in order.

3. I and I reports

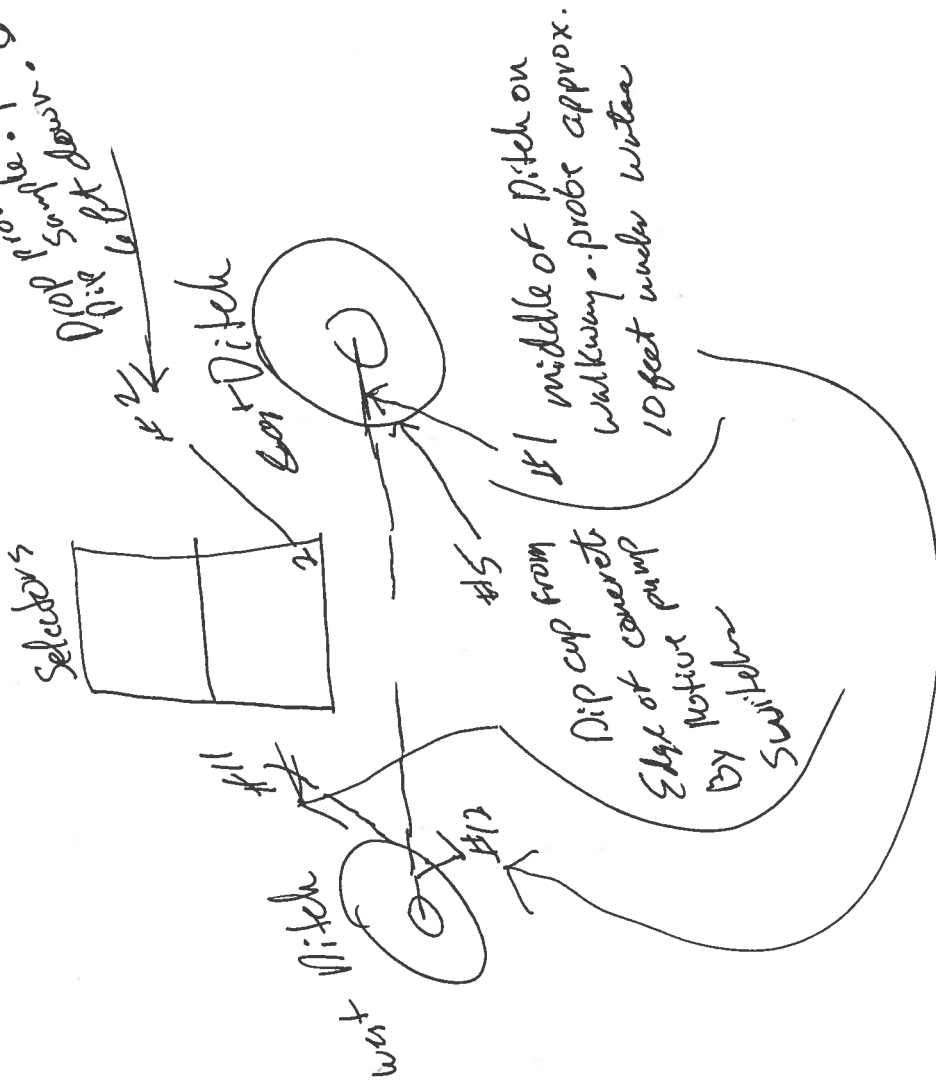
The city has created a check system for reports and the I and I will be added to the check list. The city and villages should have the report ready in October to be included in the October packet that we send to the respective agencies. The DNR sheet needs to be filled out and also include a descriptive letter if needed.

Sincerely, Allen Bush Plant Operator


A handwritten signature in black ink, appearing to be 'Allen Bush', written over the typed name.

Attachment 20

Sampling Location Diagram



Attachment 21

	United States Environmental Protection Agency Washington, D. C. 20460	Form approved. OBM No. 2040-0057 Approval Expires 8-31-98
<h2 style="margin: 0;">Water Compliance Inspection Report</h2>		
<h3 style="margin: 0;">Section A: National Data System Coding (i.e., CS)</h3>		
Inspection Code 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	NPDES 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>	YY/MM/DD 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>
Inspection type 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/>		
Inspector 19 <input type="checkbox"/> 20 <input type="checkbox"/>		
Face Type 20 <input type="checkbox"/>		
Remarks		
21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <input type="checkbox"/> 62 <input type="checkbox"/> 63 <input type="checkbox"/> 64 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 68 <input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/>		
<h3 style="margin: 0;">Section B: Facility Data</h3>		
Name and location of Facility Inspected (For Industrial users discharging to POTW, also provide POTW Name and NPDES permit number) <div style="font-family: cursive;"> ROCKAWAY BEACH WWTP 1000 BOYS CAMP RD. ROCKAWAY BEACH, MD 65740 </div>		Entry Time/date <div style="font-family: cursive;">8/10/09</div>
Person(s) On-site Representative(s) Title(s)/phones and Fax Number(s) <div style="font-family: cursive;"> Allen Bush (Contract) WWTP Operator Cell: (417) 294-4367 </div>		Permit effective Date <div style="font-family: cursive;">Aug. 2006</div>
Name address of Responsible official/ title/Phone/Fax Number <div style="font-family: cursive;"> Larry Cline, Mayor PO Box 315 Rockaway Beach MD 65740 </div>		Exit Time/ date <div style="font-family: cursive;">8/12/09</div>
Contacted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Permit expiration Date <div style="font-family: cursive;">Aug. 2011</div>
<h3 style="margin: 0;">Section C: Areas Evaluated during Inspection (Check only those areas evaluated)</h3>		
<input checked="" type="checkbox"/> Permit <input checked="" type="checkbox"/> Records/ Reports <input checked="" type="checkbox"/> Facility site Review <input checked="" type="checkbox"/> Effluent/Receiving Waters	<input checked="" type="checkbox"/> Flow Measurement <input checked="" type="checkbox"/> Self-Monitoring Program <input checked="" type="checkbox"/> Compliance Schedules <input checked="" type="checkbox"/> Laboratory	<input checked="" type="checkbox"/> Operations & Maintenance <input checked="" type="checkbox"/> Sludge Handling/Disposal <input type="checkbox"/> Pretreatment <input type="checkbox"/> Storm Water
CSO/SSO (Sewer overflow) Pollution Prevention Multimedia Other		
<h3 style="margin: 0;">Section D: Summary of Findings/ Comments (Attach additional sheets of narrative and checklists as necessary)</h3>		
Name(s) and signature(s) of Inspector(s)	Agency/ Office/ Phone and Fax Numbers	Date
<div style="font-family: cursive;"> LYLE COWLES Lyle Cowles </div>	<div style="font-family: cursive;"> EPA Region 7 (913) 551-7081 </div>	<div style="font-family: cursive;">8/12/09</div>
Signature of Management QA Reviewer	Agency/ Office/ Phone and Fax Numbers	Date

Section F thru L: Complete on all in sections, as appropriate. N/A = Not Applicable		Permit No.
Section F: Facility and Permit Background		
ADDRESS OF PERMITTEE IF DIFFERENT FROM FACILITY (Including City, County and ZIP code)	DATE OF LAST PREVIOUS INVESTIGATION BY EPA/STATE	
FINDINGS:		
Section G: Records and Reports		
RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (further explanation attached _____)		
(a) ADEQUATE RECORDS MAINTAINED OF:		
(i) SAMPLING DATE, TIME, EXACT LOCATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(ii) ANALYSIS DATE, TIME	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(iii) INDIVIDUAL PERFORMING ANALYSIS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(iv) ANALYTICAL METHODS/TECHNIQUES USED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(v) ANALYTICAL RESULTS (e.g., consistent with self monitoring report data)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(b) MONITORING RECORDS (e.g. flow, pH, DO, etc) MAINTAINED FOR A MINIMUM OF THREE YEARS INCLUDING ALL ORIGINAL STRIP CHART RECORDINGS (e.g. continuous monitoring instrumentation, calibration and maintenance records).	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A total 3 mths kept.	
(c) LABEQUIPMENT CALIBRATION AND MAINTENANCE RECORDS KEPT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(d) FACILITY OPERATING RECORDS KEPT INCLUDING OPERATING LOGS FOR EACH TREATMENT UNIT <i>pump motor</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) QUALITY ASSURANCE RECORDS KEPT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(f) RECORDS MAINTAINED OF MAJOR CONTRIBUTING INDUSTRIES (and their compliance status) USING PUBLICALLY OWNED TREATMENT WORKS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
Section H: Permit Verification		
INSPECTION OBSERVATION VERIFY THE PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (further explanation attached _____)		
(a) CORRECT NAME AND MAILING ADDRESS OF PERMITTEE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(b) FACILITY IS AS DESCRIBED IN PERMIT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(c) PRINCIPAL PRODUCT(C) AND PRODUCTION RATE CONFORM WITH THOSE SET FORTH IN PERMIT APPLICATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(d) TREATMENT PROCESSES ARE AS DESCRIBED IN PERMIT APPLICATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) NOTIFICATION GIVEN TO EPA/STATE OF NEW, DIFFERENT OR INCREASED DISCHARGES	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	
(f) ACCURATE RECORDS OF RAW WATER VOLUME MAINTAINED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(g) NUMBER AND LOCATION OF DISCHARGE POINTS ARE AS DESCRIBED IN PERMIT	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(h) CORRECT NAME AND LOCATION OF RECEIVING WATERS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(i) ALL DISCHARGES ARE PERMITTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Section I: Operation and Maintenance		
(a) STANDBY POWER OR OTHER EQUIVALENT PROVISIONS PROVIDED. <i>2 power lines</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(b) ADEQUATE ALARM SYSTEM FOR POWER EQUIPMENT FAILURES AVAILABLE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
(c) REPORTS ON ALTERNATE SOURCE OF POWER SENT TO EPA/STATE AS REQUIRED BY PERMIT.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(d) SLUDGE AND SOLIDS ADEQUATELY DISPOSED <i>land appl.</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(e) ALL TREATMENT UNITS IN SERVICE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(f) CONSULTING ENGINEER RETAINED OR AVAILABLE FOR CONSULTATION ON OPERATION AND MAINTENANCE PROBLEMS.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(g) QUALIFIED OPERATING STAFF PROVIDED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(h) ESTABLISHED PROCEDURES AVAILABLE FOR TRAINING NEW OPERATORS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
(i) FILES MAINTAINED ON SPARE PARTS INVENTORY, MAJOR EQUIPMENT SPECIFICATIONS, AND PARTS AND EQUIPMENT SUPPLIERS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(j) INSTRUCTION FILES KEPT FOR OPERATION AND MAINTENANCE OF EACH ITEM OF MAJOR EQUIPMENT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
(k) OPERATION AND MAINTENANCE MANUAL MAINTAINED.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
(l) SPCC PLAN AVAILABLE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	

	Permit No. _____
Section J : Compliance Schedules	
PERMITTEE IS MEETING COMPLIANCE SCHEDULE <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A (Further explanation attached _____) 	
CHECK APPROPRIATE PHASE(S) (A) <input type="checkbox"/> THE PERMITTEE HAS OBTAINED THE NECESSARY APPROVALS FROM THE APPROPRIATE AUTHORITIES TO BEGIN CONSTRUCTION. (B) <input type="checkbox"/> PROPER AGREEMENT HAS BEEN MADE FOR FINANCING (mortgagee commitments, grants, etc.) (C) <input type="checkbox"/> CONTRACTS FOR ENGINEERING SERVICES HAVE BEEN EXECUTED. (D) <input type="checkbox"/> DESIGN PLANS AND SPECIFICATION HAVE BEEN COMPLETED. (E) <input type="checkbox"/> CONSTRUCTION HAS COMMENCED. (F) <input type="checkbox"/> CONSTRUCTION AND/OR EQUIPMENT ACQUISITION IS ON SCHEDULE. (G) <input type="checkbox"/> CONSTRUCTION HAS BEEN COMPLETED (H) <input type="checkbox"/> START UP HAS COMMENCED. (I) <input type="checkbox"/> THE PERMITTEE HAS REQUESTED AND EXTENSION OF TIME.	
Section K: Self Monitoring Program	
Part 1 – Flow measurement (further explanation attached _____)	
PERMITTEE FLOW MEASUREMENT MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Details:	
(a) PRIMARY MEASURING DEVICE PROPERLY INSTALLED.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
TYPE OF DEVICE: <input checked="" type="checkbox"/> WEIR <input checked="" type="checkbox"/> PARSHALL FLUME <input type="checkbox"/> MAGMETER <input type="checkbox"/> VENTURI METER <input type="checkbox"/> OTHER (specify _____)	
(b) CALIBRATION FREQUENCY ADEQUATE. (date of last calibration _____)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) primary FLOW measuring device properly OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) SECONDARY INSTRUMENTS (totalizers, recorders, etc.) PROPERLY OPERATED AND MAINTAINED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGES OF FLOW RATES.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Part 2 – Sampling (further explanation attached _____)	
PERMITTEE SAMPLING MEETS THE REQUIREMENTS AND INTENT OF THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Details:	
(a) LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(b) PARAMETERS AND SAMPLING FREQUENCY AGREE WITH PERMIT.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(c) PERMITTEE IS USING METHODS OF SAMPLING AGREE WITH PERMIT modified comp on inf. IF NO: <input checked="" type="checkbox"/> GRAB <input checked="" type="checkbox"/> MANUAL COMPOSITE <input checked="" type="checkbox"/> AUTOMATIC COMPOSITE (FREQUENCY _____)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(d) SAMPLE COLLECTION PROCEDURES ARE ADEQUATE.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(I) SAMPLES REFRIGERATED DURING COMPOSITION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(II) PROPER PRESERVATION TECHNIQUES USED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(III) FLOW PROPORTIONED SAMPLES OBTAINED WHERE REQUIRED BY PERMIT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(IV) SAMPLES HOLDING TIMES PRIOR TO ANALYSIS IN CONFORMANCE WITH 40 CFR 136.3	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(e) MONITORING AND ANALYSIS BEING PERFORMED MORE FREQUENTLY THAN REQUIRED BY PERMIT	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(f) IF (e) IS YES, RESULTS ARE REPOTED IN PERMITTE'S SELF MONITORING REPORT.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
Part 3 – Laboratory (further explanation attached _____)	
PERMITTEE LABORATORY PROCEDURES MEET THE REQUIREMENTS AND INTENT OF THE PERMIT. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A Details: Contract Lab	
(a) EPA approved analytical testing procedures used. (40CFR 136.3)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(B) IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED. PROPER APPROVAL HAS BEEN OBTAINED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A
(C) PARAMETERS OTHER THAN THOSE REQUIRED BY THE PERMIT ARE ANALYZED	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
(D) SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(E) QUALITY CONTROL PROCEDURES USED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(F) DUPLICATE SAMPLES ARE ANALYZED. _____ % OF TIME.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(G) SPIKED SAMPLES ARE USED. _____ % OF TIME.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(H) COMMERCIAL LABORATORY USED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
(I) COMMERCIAL LABORATORY STATE CERTIFIED.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
LAB NAME _____	
LAB ADDRESS _____	

Permit No.

Section L: Effluent/ Receiving Water Observation (Further explanation attached)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	VISIBLE FLOAT SOL	COLOR	OTHER
001	none	none	none	no	no	Clear	—

(Section M and N Complete as Appropriate for Sampling Inspections)

Section M: Sampling Inspection Procedures and Observations (further explanation attached)

(a) ☒ GRAB SAMPLES OBTAINED(e) ☐ SAMPLE SPLIT WITH PERMITTEE(b) ☒ COMPOSITE OBTAINED(f) ☒ CHAIN OF CUSTODY EMPLOYED(c) ☐ FLOW PROPORTIONED SAMPLE(g) ☐ SAMPLE OBTAINED FROM FACILITY SAMPLING DEVICE(d) ☒ AUTOMATIC SAMPLER USEDCOMPOSITING FREQUENCY 30 min.PRESERVATION 4°CSAMPLE REFRIGERATED DURING COMPOSITING: ☒ YES ☐ NO ☐ N/ASAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE yes

Section N: Collection System and Sanitary Sewer Overflow (SSOs)

Who is responsible for the collection system (name and phone number)?

Buck Godley,

Who answered the following Questions:

Mayor Cline & City ClerkWhat is your typical capital improvement budget for the collection system? \$ 22,000/yr.How many miles of sanitary sewer lines are in the collection system? 55,700 ft.How many miles of sanitary sewer lines are cleaned in a typical year? milesWhat is the average age of the sanitary sewer lines? 40 yrs yearsAny Hydraulic and/or organic overloads experienced. ☐ YES ☐ NOANY BYPASSING SINCE LAST INSPECTION. ☐ YES ☐ NO

How do you document responses to complaints for sewer back-ups, sewage leaks, overflows, etc.?

Renovated in 2002Constructed on an as-needed basis.Bull Creek & Merriam Woods are the I/I problem, not Rockaway BeachHow many basement back-up complaints do you respond to in a year? 1 or 2Do you have any discharges (SSOs) from the collection system? : ☐ YES ☐ NODo you report discharges (SSOs) to regulatory agency? : ☐ YES ☒ NO ☐ Copies

Describe the types of discharge:

City will try to ask for MW & BC for I/I report & inc. w/ their Semi-Annual I/I reportsIntergovernmental Agreement between MW, BC, & RBCITY gets part of 1/2 Cent Sales tax from Taney CO.